

## **PLUMAS SUPERIOR COURT**

APPLICATION FOR EMPLOYMENT 520 Main St. Rm. 104 Quincy, CA 95971 Phone number 530-283-6232 Fax number 530-283-6415 Website: http://www.plumascourt.ca.gov

## EEO/ADA COMPLIANT

DATE RECEIVED

INSTRUCTIONS OF APPLICATIONS: All in black or blue ink. This application is part which the application is on file with the Supadded to this application, but cannot be LIST POSITION TITLE APPLYING FOR B	t of the examination of the court no late substituted for	on process. Before comp ter than 4:00 p.m. of the	oleting this final filing of Court App	form pleas date. Late <u>lication f</u> e	se read the minimum qualificate applications will be rejected. F	tions for the i	oh in	
LAST NAME FIRST NA	ST NAME FIRST NAME MIDDLE NAME		LIS	LIST ANY PREVIOUS NAMES				
MAILING ADDRESS NUMBER STREET	AND APT OR P.C	D. BOX	CITY	STATE A	AND ZIP CODE			
HOME TELEPHONE NUMBER	( )	TELEPHONE NUMBER			Driver's License Number Expiration Date:	Class:	State:	
LIST LANGUAGES OTHER THAN ENGL Speak:	ISH IN WHICH Y	OU ARE PROFICIENT Read:			Write:			
EDUCATION: Applications may be require LAST HIGH SCHOOL ATTENDED		Did you gradua	transcript onte? Yes □	or diploma No ☐ If	ı. not, do you have a GED Certii	ficate? Yes Γ	 7 No □	
EDUCATIONAL INSTITUES ATTENDED (Colleges, Technical School, etc.)	COURSE	OF STUDY/MAJOR	COM	NITS PLETED TER UNI	CONFERRED DEGRÉE (if any)	From Mo/Yr	To Mo/Yr.	
							_	
PROFFESSIONAL CREDITIALS (LICENS	ES CERTIFICAT	ES, REGISTRATIONS)				_ <u></u>	·	
NAME OR DESCRIPTION	ISSUING AGENCY OR BOARD ISSUING DATE				EXPIRATION DATE			
						-		
MISCELLANEOUS INFORMATION: Read	Carefully, Answ	ver by checking Yes or	No.	<u> </u>		YES	NO	
Do you have the legal right to work     United States. All new employees will     employment eligibility within three (3) of	in the United Sta be required to cor	ates? (Court hires US C	itizens and	persons a umentatio	authorized to work in the n establishing identity and	1E3	NO	
2. Have you ever been convicted, pled	quilty or pled no	o contest to any crimir	al offense	s by any	court, since the age of 18?	-		
and the fine or sentence received. You	and place of eac. I may omit any of	h offense, the specific ci fense for which the only	harge, the c nunishmen	date and p	lace of conviction, or plea,			
required serving a jail or Prison senten	e convicted for wi ice, or which reau	hich the punishment imp iired probation MUST be	oses was a reported (	fine in ev	rease of \$50 00 or which			
3. Have you ever been discharged, r	i <i>individual consid</i> reiected during p	deration based on the joi probation, or resigned	b) under pres	RUFO				
<ol> <li>Have you ever been discharged, rejet from any job or employment within</li> </ol>	ected during pro	bation or resigned un	dar nrocei	re or unfa	avorable circumstances		·	
Have you ever been employed by the section 6.	e Plumas Count	y Superior Court or an	y other Co	urt? If yes	s, list Court and job in	-		
<ol> <li>Do you have relatives employed by relationship in section 6.</li> </ol>	the Plumas Cour	nty Superior Court or a	ny other C	ourt? If y	res, list names and	-		
6. Are you 18 years of age or older?								
7. Use this space to clarify any of the a	bove.							

any other exponents requested info	erience that you feel is relevant to the position for which yormation fully.  PLEASE USE ADDITIONAL WORK EXPE	years, beginning with your current or most recent position. In addition, please indicate you are applying (e.g. volunteer experience, military experience, etc). Complete all RIENCE ADDENDUM FORM OR YOU MAY ATTACH ADDITIONAL SHEETS IF DF FILLING OUT THIS SECTION COMPLETELY, BUT MAY BE ATTACHED
From (Mo/Yr)	Present or Most Recent Employer Name:	Your Job Title:
To (Mo/Yr)	Employer Address:	Your Supervisor's Name and Title:
Reason for Leaving:		Phone Number: May we contact this employer? Yes ☐ No ☐
Duties:		
From (Mo/Yr)	Employer Name:	Your Job Title:
To (Mo/Yr)	Employer Address:	Your Supervisor's Name and Title:
Reason for Leaving:		Phone Number: May we contact this employer? Yes ☐ No ☐
Duties:		
From (Mo/Yr)	Employer Name:	Your Job Title:
To (Mo/Yr)	Employer Address:	Your Supervisor's Name and Title:
Reason for Leaving:		Phone Number: May we contact this employer? Yes ☐ No ☐
Duties:		
From (Mo/Yr)	Employer Name:	Your Job Title:
To (Mo/Yr)	Employer Address:	Your Supervisor's Name and Title:
Reason for Leaving:		Phone Number: May we contact this employer? Yes ☐ No ☐
Duties:		
qual Opportuni iscrimination on reference.	ty: The Plumas County Superior Court is an equal em	CONSENT TO RELEASE OF INFORMATION  ployment opportunity employer, observing Federal, State and Local laws regarding status, race, color, ancestry, national origin, medical condition, handicap, and sexual
hereby certify t gree that any fa lumas County S	hat all statements made on or in connection with this a	pplication are true and complete to the best of my knowledge, and I understand and disqualification from the examination process or dismissal from employment with the unty Superior Court to investigate my references, work record, education or any other
		onal information from any source as necessary including, but not limited to, a criminal y liability from providing this information. I understand that if I am employed, I will be nty Superior Court. I declare, under penalty of perjury, that all information is correct.
gnature:		Date:
		<del></del>

## RECRUITMENT QUESTIONNAIRE

All applicants are asked to <u>voluntarily</u> provide the following information. This section will be removed from your application prior to review and will be kept separately. All information provided is strictly confidential.

Please indicate below how you became aware of this job opportunity. Check all that apply.

WORD OF MOUTH OTHER						
□ Current Employee       □ Bulletin at other Court or Agency         □ Relative or Friend       □ State Employment Office         □ Other:       □ Web Site						
<ul><li>Newspaper</li><li>Job Fair</li><li>□Trade or professional journal</li><li>□Community organization</li></ul>						
Choose the following categories with which you most closely identify.						
GENDER ETHNIC GROUP						
Male Female						
☐ White ☐ Pacific Islander						
☐ Black ☐ American Indian/Eskimo						
☐Asian ☐Hispanic						
Other:						
AGE GROUP						
☐Under 21 ☐40-49						
☐21-29						
□30-39 □60 or over						